**MACHINERY AND EQUIPMENT SUPPLEMENTAL APPLICATION**

(Complete in addition to the ACORD General Liability Application)

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| Applicant’s Name:             Location Address:              | Agency Name:             Agent No.:       Phone No.:        |

**PROPOSED EFFECTIVE DATE: From**        **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**1. Annual Employee Payroll:** $

**2. Number of Active Owners/Officers:**

**3. Annual Receipts:** $

**4. Annual Subcontractors Cost:** $

**5. How many years in business?**       Years

How many years of experience?       Years

**6. Specify the last five projects (or top five clients, if new venture) with the client/industries being served and specific types of machinery being serviced:**

**1.**

**2.**

**3.**

**4.**

**5.**

**7. Are all service technicians factory certified or trained under an apprenticeship or trade school?** [ ]  Yes [ ]  No

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| If no, describe:       |

**8. Percentage of operations performed:**

In Shop       % Off-Site/Mobile       % Off-Shore       % Installation Operations       %

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| Describe off-site operations:       |

**9. Indicate any past, present or discontinued services in any of the following:**

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| [ ]  Aircraft or aerospace applications/unmanned aircraft |
| [ ]  Amusement devices (mechanical) |
| [ ]  ATM equipment |
| [ ]  ATVs/UTVs |
| [ ]  Boat lifts |
| [ ]  Bottling plant equipment |
| [ ]  Caissons |
| [ ]  Chemical industry equipment |
| [ ]  Contractors equipment |
| [ ]  Conveyors equipment |
| [ ]  Cotton pickers |
| [ ]  Cranes (length of boom       ft.) |
| [ ]  Electrical power generating equipment |
| [ ]  Elevators/escalators/moving sidewalks |
| [ ]  Exercise and fitness equipment |
| [ ]  Farm machinery |
| [ ]  Feed mills |
| [ ]  Forklifts |
| [ ]  Garage or auto repair equipment |
| [ ]  Gas/natural gas/oil/LPGproduction |
| [ ]  Gasoline pump equipment |
| [ ]  Generators |
| [ ]  Grain elevators/silos/bins |
| [ ]  Hog equipment |
| [ ]  Hydraulics or hoists |
| [ ]  Industrial valves or pumps  |
| [ ]  Ladders or lift equipment(other than forklifts) |
| [ ]  Lawn and garden equipment |
| [ ]  Logging/lumbering equipment |
| [ ]  Medical equipment |
| [ ]  Military equipment |
| [ ]  Mining equipment |
| [ ]  Nuclear power plant equipment |
| [ ]  Pipeline work involvinggas/natural gas/oil/LPG |
| [ ]  Playground equipment |
| [ ]  Pollution control |
| [ ]  Poultry equipment |
| [ ]  Pressure vessels/tanks/boilers |
| [ ]  Printing press equipment |
| [ ]  Railroad equipment |
| [ ]  Rigging equipment |
| [ ]  Robotics |
| [ ]  Safety guards or equipment |
| [ ]  Sawmill equipment |
| [ ]  Textile equipment |
| [ ]  Tree stands |
| [ ]  Watercraft, boats or ships |
| [ ]  Wood chippers |
| [ ]  Other (describe):       |

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| **If any of the above categories are checked, describe in more detail client industries being served and specific type of equipment:**       |

**10. Is applicant involved in rigging operations?** [ ]  Yes [ ]  No

If yes, provide gross sales:

**11. Does applicant install new equipment in factories?** [ ]  Yes [ ]  No

If yes, how many years of experience:

**12. Is applicant involved in the manufacturing, sales, service or repair of 3D printers?** [ ]  Yes [ ]  No

**13. Does applicant perform any computer design, programming or consulting services?** [ ]  Yes [ ]  No

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| If yes, describe with the percentage of operations declared:       |

**14. Does applicant fabricate or machine any equipment or component parts?** [ ]  Yes [ ]  No

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| If yes, explain:       |

**15. Does applicant act as a machinery dealer or wholesaler?** [ ]  Yes [ ]  No

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| If yes, provide detail with annual sales declared:       |

**16. Does applicant have a written quality control program in place?** [ ]  Yes [ ]  No

**17. Does applicant subcontract work to others?** [ ]  Yes [ ]  No

If yes:

Are certificates of insurance obtained? [ ]  Yes [ ]  No

Is applicant named as an additional insured on all subcontractors’ policies? [ ]  Yes [ ]  No

Do subcontractors provide hold harmless agreements in favor of the applicant? [ ]  Yes [ ]  No

**18. Hold-Harmless Agreements:**

Does applicant use a standard client contract, which outlines the specific responsibilities of the
applicant? [ ]  Yes [ ]  No

Do others hold applicant harmless? [ ]  Yes [ ]  No

Does applicant agree to hold any third party harmless? [ ]  Yes [ ]  No

Does applicant assume, by contract or verbally, responsibility for any injury or damage that may
occur? [ ]  Yes [ ]  No

**19. Does applicant have Workers’ Compensation coverage in force?** [ ]  Yes [ ]  No

Does applicant lease employees? [ ]  Yes [ ]  No

**20. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** [ ]  Yes [ ]  No

If yes, describe:

**21. Does applicant have any other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

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| If yes, explain and advise where insured:       |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE:

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|  | **IMPORTANT NOTICE** |  |
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| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. |